



SECOND STEP

WHY IS THIS STEP REQUIRED?

In every family law case, the law requires that both parties exchange financial information including information about income, expenses, assets and debts. The Court wants to make sure that both parties have full information about these financial issues so that a proper agreement may be made if possible and so that there is no question in the future about the equality in which the assets and debts were divided.

If you are the Petitioner or Respondent in a Divorce, Legal Separation, or Annulment case, then you must exchange financial information at the beginning (Preliminary) and at the end (Final) of the case. In our county, the Court will allow you to complete this step one time if you feel that the information is not going to change between the beginning and end of the case. So, you may check both boxes indicating that you are submitting both the Preliminary and Final Declaration of Disclosure.

You must do this step even if you do not have any assets or debts and even if you do not have any income. These instructions will guide you through this part of the process. Before you complete this step, be sure that you already filed with the Court the Summons (FL-110), Petition (FL-100) and other necessary documents.

FORMS NEEDED FOR THE SECOND STEP

- ☐ Declaration of Disclosure (FL-140)
- ☐ Schedule of Assets and Debts (FL-142)
- ☐ Income and Expense Declaration (FL-150)
- ☐ Declaration Regarding Service of Declaration of Disclosure and Income and Expense Declaration (FL-141)

OVERVIEW OF THE SECOND STEP PROCESS

- ☐ **Complete Forms:** Complete the forms and gather the necessary documents including your pay stubs for the last 3 months.
- ☐ **Make Copies:** Make 2 copies of all the original documents listed above. One copy is for your records. The other copy is for the other party.
- ☐ **Deliver Copies to Other Party:** You may either mail or personally deliver a complete copy to the other party.
- ☐ **File the Originals with the Court:** You must file the original Declaration Regarding Service of Declaration of Disclosure and Income and Expense Declaration (FL-141). In addition, if your case involves the issue of child and/or spousal support then also file the original Income and Expense Declaration (FL-150).

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address):

FOR COURT USE ONLY

Sam Sample**1234 Main Street
San Luis Obispo, CA 93401**TELEPHONE NO.: **(805) 555-1234**

FAX NO.: () -

ATTORNEY FOR (Name): **Respondent in Pro Per****SUPERIOR COURT OF CALIFORNIA, COUNTY OF San Luis Obispo**STREET ADDRESS: **1035 Palm Street, Room 385**

MAILING ADDRESS:

CITY AND ZIP CODE: **San Luis Obispo, CA 93408**

BRANCH NAME:

PETITIONER: **Pat Sample**RESPONDENT: **Sam Sample****DECLARATION REGARDING SERVICE OF DECLARATION
OF DISCLOSURE AND INCOME AND EXPENSE DECLARATION**

Petitioner's



Preliminary



Respondent's



Final

CASE NUMBER:

FL07-0572

1. I am the ☐ Attorney for ☐ Petitioner ☒ Respondent in this matter.
2. ☐ Petitioner's ☒ Respondent's *Preliminary Declaration of Disclosure and Income and Expense Declaration* was served on:
☐ Attorney for ☒ Petitioner ☐ Respondent by: ☐ personal service ☒ mail ☐ other (specify):
on (date): **2/17/07**
3. ☐ Petitioner's ☒ Respondent's *Final Declaration of Disclosure and Income and Expense Declaration* was served on:
☐ Attorney for ☒ Petitioner ☐ Respondent by: ☐ personal service ☒ mail ☐ other (specify):
on (date): **2/17/07**
4. ☐ Service of the *Final Declaration of Disclosure* has been waived under Family Code section 2105, subdivision (d).

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: **2/17/07****Sam Sample**

(TYPE OR PRINT NAME)

*Sam Sample*

(SIGNATURE)

Note:**File this document with the court.****Do not file a copy of either the *Preliminary* or *Final Declaration of Disclosure* with this document.**

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):

Sam Sample

FOR COURT USE ONLY

**1234 Main Street
San Luis Obispo, CA 93401**TELEPHONE NO.: **(805) 555-1234**

() -

E-MAIL ADDRESS (Optional):

ATTORNEY FOR (Name): **Respondent in Pro Per****SUPERIOR COURT OF CALIFORNIA, COUNTY OF San Luis Obispo**STREET ADDRESS: **1035 Palm Street, Room 385**

MAILING ADDRESS:

CITY AND ZIP CODE: **San Luis Obispo, CA 93408**

BRANCH NAME:

PETITIONER/PLAINTIFF: **Pat Sample**RESPONDENT/DEFENDANT: **Sam Sample**

OTHER PARENT/CLAIMANT:

INCOME AND EXPENSE DECLARATION

CASE NUMBER:

FL07-0572**1. Employment** (Give information on your current job or, if you're unemployed, your most recent job.)Attach copies
of your pay
stubs for last
two months
(black out
social
security
numbers).a. Employer: **Costco**b. Employer's address: **572 Higuera Street, San Luis Obispo, CA**c. Employer's phone number: **(805) 297-5555**d. Occupation: **Clerk**e. Date job started: **Feburary 2005**

f. If unemployed, date job ended:

g. I work about **40** hours per week.h. I get paid \$ **18** gross (before taxes) ☐ per month ☐ per week ☒ per hour.

(If you have more than one job, attach an 8 1/2-by-11-inch sheet of paper and list the same information as above for your other jobs. Write "Question 1 - Other Jobs" at the top.)

2. Age and educationa. My age is (specify): **33**b. I have completed high school or the equivalent: ☒ Yes ☐ No If no, highest grade completed (specify):c. Number of years of college completed (specify): **2** ☐ Degree(s) obtained (specify):d. Number of years of graduate school completed (specify): **0** ☐ Degree(s) obtained (specify):e. I have: ☐ professional/occupational license(s) (specify):☐ vocational training (specify):**3. Tax information**a. ☒ I last filed taxes for tax year (specify year): **2005**b. My tax filing status is ☐ single ☒ head of household ☐ married, filing separately☐ married, filing jointly with (specify name):c. I file state tax returns in ☒ California ☐ other (specify state):d. I claim the following number of exemptions (including myself) on my taxes (specify): **2****4. Other party's income.** I estimate the gross monthly income (before taxes) of the other party in this case at (specify): \$**5,000**This estimate is based on (explain): **He told me that he was earning \$60,000 per year, which is just a little more than she was earning at the time we separated.**

(If you need more space to answer any questions on this form, attach an 8 1/2-by-11-inch sheet of paper and write the question number before your answer.) Number of pages attached: _____

I declare under penalty of perjury under the laws of the State of California that the information contained on all pages of this form and any attachments is true and correct.

Date: **2/17/07****Sam Sample**

(TYPE OR PRINT NAME)

▶ **Sam Sample**

(SIGNATURE OF DECLARANT)

Page 1 of 4

PETITIONER/PLAINTIFF: Pat Sample RESPONDENT/DEFENDANT: Sam Sample OTHER PARENT/CLAIMANT:	CASE NUMBER: FL07-0572
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Attach copies of your pay stubs for the last two months and proof of any other income. Take a copy of your latest federal tax return to the court hearing. (Black out your social security number on the pay stub and tax return.)

5. **Income** (For average monthly, add up all the income you received in each category in the last 12 months and divide the total by 12.)

	Last month	Average monthly
a. Salary or wages (gross, before taxes)	\$ 3,010	3,010
b. Overtime (gross, before taxes)	\$	
c. Commissions or bonuses	\$	
d. Public assistance (for example: TANF, SSI, GA/GR) <input type="checkbox"/> currently receiving	\$	
e. Spousal support <input type="checkbox"/> from this marriage <input type="checkbox"/> from a different marriage	\$	
f. Partner support <input type="checkbox"/> from this domestic partnership <input type="checkbox"/> from a different domestic partnership	\$	
g. Pension/retirement fund payments	\$	
h. Social security retirement (not SSI)	\$	
i. Disability: <input type="checkbox"/> Social security (not SSI) <input type="checkbox"/> State disability (SDI) <input type="checkbox"/> Private insurance.	\$	
j. Unemployment compensation	\$	
k. Workers' compensation	\$	
l. Other (military BAQ, royalty payments, etc.) (specify) :	\$	

6. **Investment income** (Attach a schedule showing gross receipts less cash expenses for each piece of property.)

a. Dividends/interest	\$	
b. Rental property income	\$	
c. Trust income	\$	
d. Other (specify) :	\$	

7. **Income from self-employment, after business expenses for all businesses** \$

I am the ☐ owner/sole proprietor ☐ business partner ☐ other (specify) :

Number of years in this business (specify) :

Name of business (specify) :

Type of business (specify) :

Attach a profit and loss statement for the last two years or a Schedule C from your last federal tax return. Black out your social security number. If you have more than one business, provide the information above for each of your businesses.

8. ☐ **Additional income.** I received one-time money (lottery winnings, inheritance, etc.) in the last 12 months (specify source and amount) :

9. ☐ **Change in income.** My financial situation has changed significantly over the last 12 months because (specify) :

10. **Deductions**

	Last month
a. Required union dues	\$
b. Required retirement payments (not social security, FICA, 401(k), or IRA)	\$
c. Medical, hospital, dental, and other health insurance premiums (total monthly amount)	\$
d. Child support that I pay for children from other relationships	\$
e. Spousal support that I pay by court order from a different marriage	\$
f. Partner support that I pay by court order from a different domestic partnership	\$
g. Necessary job-related expenses not reimbursed by my employer (attach explanation labeled "Question 10g")	\$

11. **Assets**

	Total
a. Cash and checking accounts, savings, credit union, money market, and other deposit accounts	\$ 5,700
b. Stocks, bonds, and other assets I could easily sell	\$
c. All other property, <input checked="" type="checkbox"/> real and <input checked="" type="checkbox"/> personal (estimate fair market value minus the debts you owe)	\$ 26,950

PETITIONER/PLAINTIFF: Pat Sample RESPONDENT/DEFENDANT: Sam Sample OTHER PARENT/CLAIMANT:	CASE NUMBER: FL07-0572
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12. The following people live with me:

Name	Age	How the person is related to me? (ex: son)	That person's gross monthly income	Pays some of the household expenses?
a. Chad Sample	2	Son	0	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
b.				<input type="checkbox"/> Yes <input type="checkbox"/> No
c.				<input type="checkbox"/> Yes <input type="checkbox"/> No
d.				<input type="checkbox"/> Yes <input type="checkbox"/> No
e.				<input type="checkbox"/> Yes <input type="checkbox"/> No

13. Average monthly expenses ☐ Estimated expenses ☒ Actual expenses ☐ Proposed needs

- a. Home:
- (1) ☐ Rent or ☒ mortgage\$ **1,700**
- If mortgage:
- (a) average principal: \$ **100**
- (b) average interest: \$ **1,600**
- (2) Real property taxes\$ **250**
- (3) Homeowner's or renter's insurance (if not included above)\$ **75**
- (4) Maintenance and repair\$
- b. Health-care costs not paid by insurance\$
- c. Child care\$ **300**
- d. Groceries and household supplies\$ **400**
- e. Eating out\$ **200**
- f. Utilities (gas, electric, water, trash)\$ **150**
- g. Telephone, cell phone, and e-mail\$ **150**
- h. Laundry and cleaning\$
- i. Clothes\$ **50**
- j. Education\$
- k. Entertainment, gifts, and vacation\$ **100**
- l. Auto expenses and transportation (insurance, gas, repairs, bus, etc.)\$ **250**
- m. Insurance (life, accident, etc.; do not include auto, home, or health insurance) \$
- n. Savings and investments\$
- o. Charitable contributions\$
- p. Monthly payments listed in item 14 (itemize below in 14 and insert total here) \$ **50**
- q. Other (specify) :\$
- r. **TOTAL EXPENSES** (a-q) (do not add in the amounts in a(1)(a) and (b)) \$ **3,675**
- s. Amount of expenses paid by others \$

14. Installment payments and debts not listed above

Paid to	For	Amount	Balance	Date of last payment
Visa Credit Card	Bills	\$ 50	\$ 9,500	2/1/07
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	

15. Attorney fees (This is required if either party is requesting attorney fees.):

- a. To date, I have paid my attorney this amount for fees and costs (specify) : \$
- b. The source of this money was (specify) :
- c. I still owe the following fees and costs to my attorney (specify total owed) : \$
- d. My attorney's hourly rate is (specify) : \$

I confirm this fee arrangement.

Date:

(TYPE OR PRINT NAME OF ATTORNEY)

(SIGNATURE OF ATTORNEY)

PETITIONER/PLAINTIFF: **Pat Sample**
 RESPONDENT/DEFENDANT: **Sam Sample**
 OTHER PARENT/CLAIMANT:

CASE NUMBER:
FL07-0572

CHILD SUPPORT INFORMATION

(NOTE: Fill out this page only if your case involves child support.)

16. Number of children

- a. I have (specify number): **1** children under the age of 18 with the other parent in this case.
 b. The children spend **100** percent of their time with me and **0** percent of their time with the other parent.
 (If you're not sure about percentage or it has not been agreed on, please describe your parenting schedule here.)

17. Children's health-care expenses

- a. ☐ I do ☒ I do not have health insurance available to me for the children through my job.
 b. Name of insurance company:
 c. Address of insurance company:
 d. The monthly cost for the **children's** health insurance is or would be (specify): \$
 (Do not include the amount your employer pays.)

18. Additional expenses for the children in this case

	Amount per month
a. Child care so I can work or get job training	\$ 300
b. Children's health care not covered by insurance	\$
c. Travel expenses for visitation	\$
d. Children's educational or other special needs (specify below):	\$

19. Special hardships. I ask the court to consider the following special financial circumstances

(attach documentation of any item listed here, including court orders):

	Amount per month	For how many months?
a. Extraordinary health expenses not included in 18b	\$	
b. Major losses not covered by insurance (examples: fire, theft, other insured loss)	\$	
c. (1) Expenses for my minor children who are from other relationships and are living with me	\$	
(2) Names and ages of those children (specify):		

(3) Child support I receive for those children\$

The expenses listed in a, b and c create an extreme financial hardship because (explain):

20. Other information I want the court to know concerning support in my case (specify):

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address):

TELEPHONE NO.:

Sam Sample**(805) 555-1234****1234 Main Street
San Luis Obispo, CA 93401**ATTORNEY FOR (Name): **Respondent in Pro Per****SUPERIOR COURT OF CALIFORNIA, COUNTY OF San Luis Obispo**STREET ADDRESS: **1035 Palm Street, Room 385**

MAILING ADDRESS:

CITY AND ZIP CODE: **San Luis Obispo, CA 93408**

BRANCH NAME:

PETITIONER: **Pat Sample**RESPONDENT: **Sam Sample****DECLARATION OF DISCLOSURE**

Petitioner's



Preliminary



Respondent's



Final

CASE NUMBER:

FL07-0572**DO NOT FILE WITH THE COURT**

Both the preliminary and the final declaration of disclosure must be served on the other party with certain exceptions. Neither disclosure is filed with the court. A declaration stating service was made of the final declaration of disclosure must be filed with the court (see form FL-141).

A preliminary declaration of disclosure but not a final declaration of disclosure is required in the case of a summary dissolution (see Family Code section 2109) or in a default judgment (see Family Code section 2110) provided the default is not a stipulated judgment or a judgment based upon a marriage settlement agreement.

A declaration of disclosure is required in a nullity or legal separation action as well as in a dissolution action.

Attached are the following:

1. ☒ A completed *Schedule of Assets and Debts* (form FL-142).
2. ☒ A completed *Income and Expense Declaration* (form FL-150 (as applicable)).
3. ☐ A statement of all material facts and information regarding valuation of all assets that are community property or in which the community has an interest (*not a form*).
4. ☐ A statement of all material facts and information regarding obligations for which the community is liable (*not a form*).
5. ☐ An accurate and complete written disclosure of any investment opportunity, business opportunity, or other income-producing opportunity presented since the date of separation that results from any investment, significant business, or other income-producing opportunity from the date of marriage to the date of separation (*not a form*).

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: **2/17/07****Sam Sample**

(TYPE OR PRINT NAME)

► **Sam Sample**

(SIGNATURE)

Page 1 of 1



ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address):

TELEPHONE NO.:

Sam Sample**(805) 555-1234****1234 Main Street
San Luis Obispo, CA 93401**

ATTORNEY FOR (Name):

Respondent in Pro Per**SUPERIOR COURT OF CALIFORNIA, COUNTY OF
San Luis Obispo**PETITIONER: **Pat Sample**RESPONDENT: **Sam Sample****SCHEDULE OF ASSETS AND DEBTS**☐ Petitioner's ☒ Respondent's

CASE NUMBER:

FL07-0572**- INSTRUCTIONS -**

List all your known community and separate assets or debts. Include assets even if they are in the possession of another person, including your spouse. If you contend an asset or debt is separate, put P (for Petitioner) or R (for Respondent) in the first column (separate property) to indicate to whom you contend it belongs.

All values should be as of the date of signing the declaration unless you specify a different valuation date with the description. For additional space, use a continuation sheet numbered to show which item is being continued.

ITEM NO.	ASSETS DESCRIPTION	SEP. PROP	DATE ACQUIRED	CURRENT GROSS FAIR MARKET VALUE	AMOUNT OF MONEY OWED OR ENCUMBRANCE
1.	REAL ESTATE <i>(Give street addresses and attach copies of deeds with legal descriptions and latest lender's statement.)</i> 1234 Main Street, San Luis Obispo, CA 93401		1999	\$ 250,000	\$ 200,000
2.	HOUSEHOLD FURNITURE, FURNISHINGS, APPLIANCES <i>(Identify.)</i> Household Furniture in Petitioner's Possession		1/5/04	500	0
	Household Furniture in Respondent's Possession		4/2/05	500	0
3.	JEWELRY, ANTIQUES, ART, COIN COLLECTIONS, etc. <i>(Identify.)</i>				

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ITEM NO.	ASSETS DESCRIPTION	SEP. PROP	DATE ACQUIRED	CURRENT GROSS FAIR MARKET VALUE	AMOUNT OF MONEY OWED OR ENCUMBRANCE
4.	VEHICLES, BOATS, TRAILERS <i>(Describe and attach copy of title document.)</i> 2005 Ford Mustang 2006 Toyota 4Runner	P R	8/1/05 4/1/06	\$ 19,000 22,000	\$ 15,000 20,000
5.	SAVINGS ACCOUNTS <i>(Account name, account number, bank, and branch. Attach copy of latest statement.)</i> Bank of America Account #1000056XXXX		8/1/97	5,000	0
6.	CHECKING ACCOUNTS <i>(Account name and number, bank, and branch. Attach copy of latest statement.)</i> Bank of America Account #567000XXXX		8/1/97	700	0
7.	CREDIT UNION, OTHER DEPOSIT ACCOUNTS <i>(Account name and number, bank, and branch. Attach copy of latest statement.)</i>				
8.	CASH <i>(Give location.)</i>				
9.	TAX REFUND				
10.	LIFE INSURANCE WITH CASH SURRENDER OR LOAN VALUE <i>(Attach copy of declaration page for each policy.)</i>				

ITEM NO.	ASSETS DESCRIPTION	SEP. PROP	DATE ACQUIRED	CURRENT GROSS FAIR MARKET VALUE	AMOUNT OF MONEY OWED OR ENCUMBRANCE
11.	STOCKS, BONDS, SECURED NOTES, MUTUAL FUNDS <i>(Give certificate number and attach copy of the certificate or copy of latest statement.)</i>			\$	\$
12.	RETIREMENT AND PENSIONS <i>(Attach copy of latest summary plan documents and latest benefit statement.)</i> Western Conference Teamster's Pension		8/1/98	15,000	0
13.	PROFIT-SHARING, ANNUITIES, IRAS, DEFERRED COMPENSATION <i>(Attach copy of latest statement.)</i>				
14.	ACCOUNTS RECEIVABLE AND UNSECURED NOTES <i>(Attach copy of each.)</i>				
15.	PARTNERSHIPS AND OTHER BUSINESS INTERESTS <i>(Attach copy of most current K-1 form and Schedule C.)</i>				
16.	OTHER ASSETS				
17.	TOTAL ASSETS FROM CONTINUATION SHEET				
18.	TOTAL ASSETS			\$ 312,700	\$ 235,000

ITEM NO.	DEBTS-SHOW TO WHOM OWED	SEP. PROP	TOTAL OWING	DATE INCURRED
19.	STUDENT LOANS <i>(Give details.)</i>		\$	
20.	TAXES <i>(Give details.)</i>			
21.	SUPPORT ARREARAGES <i>(Attach copies of orders and statements.)</i>			
22.	LOANS - UNSECURED <i>(Give bank name and loan number and attach copy of latest statement.)</i>			
23.	CREDIT CARDS <i>(Give creditor's name and address and the account number. Attach copy of latest statement.)</i> Target		500	8/1/04
24.	OTHER DEBTS <i>(Specify.):</i>			
25.	TOTAL DEBTS FROM CONTINUATION SHEET			
26.	TOTAL DEBTS		\$ 500	

27. ☐ *(Specify number):* _____ pages are attached as continuation sheets.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: **1/4/07**

Sam Sample

(TYPE OR PRINT NAME)

► *Sam Sample*

(SIGNATURE OF DECLARANT)